

Grand Forks Head Start Enrollment Application

☐ Grand Forks ☐ Walsh County

Child Information

Legal Name: First _____ Middle _____ Last _____

Date of birth: - -

Age by July 31st 3 4

Gender: ☐ Female
☐ Male

With whom does the child live (for address purposes only)? ☐ Mom ☐ Dad ☐ Both mom and dad

Did you apply last year, but your child did not get in (i.e. were you told your child was on the waiting list the previous year)? ☐ YES ☐ NO

Race:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | | | |
| <input type="checkbox"/> Asian (specify): | | | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Biracial/Multi | <input type="checkbox"/> Far East Asian | <input type="checkbox"/> Japanese | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Filipino | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Other Specify _____ |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Indian Subcontinent | <input type="checkbox"/> Southeast Asian | |

Languages spoken at home: Please place a "P" by the Primary language that is spoken in the home and an "S" by the Secondary Language spoken in the home (if any).

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> African Languages | <input type="checkbox"/> East Asian Languages | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native North American/Alaska |
| <input type="checkbox"/> Asian | <input type="checkbox"/> English | <input type="checkbox"/> Middle Eastern Languages | <input type="checkbox"/> Native Languages |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> European & Slavic Languages | <input type="checkbox"/> Native American Languages | <input type="checkbox"/> Pacific Island Languages |
| <input type="checkbox"/> Caribbean Languages | <input type="checkbox"/> French | <input type="checkbox"/> Native Central/South American & Mexican Languages | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Italian | | <input type="checkbox"/> American Sign Language |

Regardless of language spoken, how well does your child speak English? ☐ Very Well ☐ Well ☐ Not Well ☐ Not at all

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name:

Residential address:

City _____ State _____ Zip Code _____

Secondary/Mailing Address:

Home Phone: _____ Cell# _____ E-mail: _____

Place of Employment (Primary Job): _____ Work Phone: _____

Parent/Guardian #2 Name: Same as above ☐

Residential address:

City _____ State _____ Zip Code _____

Secondary/Mailing Address:

Home Phone: _____ Cell# _____ E-mail: _____

Place of Employment (Primary Job): _____ Work Phone: _____

		Parent/Guardian #1:		Parent/Guardian #2:	
Name:					
Date of birth:		____/____/____		____/____/____	
Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Race:					
Is this person the head of household?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Live in home		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Live in home	
Marital Status:		<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Re-Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed		<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Re-Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Parental Status:		<input type="checkbox"/> Single Parent- Mother Figure Only <input type="checkbox"/> Other relative <input type="checkbox"/> Single Parent- Father Figure Only <input type="checkbox"/> Other family type <input type="checkbox"/> Single Parent-Mother Figure Living with Partner <input type="checkbox"/> Single Parent-Father Figure Living with Partner <input type="checkbox"/> Two Parent family		<input type="checkbox"/> Single Parent- Mother Figure Only <input type="checkbox"/> Other relative <input type="checkbox"/> Single Parent- Father Figure Only <input type="checkbox"/> Other family type <input type="checkbox"/> Single Parent-Mother Figure Living with Partner <input type="checkbox"/> Single Parent-Father Figure Living with Partner <input type="checkbox"/> Two Parent family	
What language do you speak?					
How well do you speak English?		<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all		<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all	
Highest Grade Completed		<input type="checkbox"/> Adult College Degree/Training Cert <input type="checkbox"/> Adult College or Advance Training <input type="checkbox"/> Adult General Education <input type="checkbox"/> Adult-Grade 10 <input type="checkbox"/> Adult-Grade 11 <input type="checkbox"/> Adult-Grade 12 <input type="checkbox"/> Adult-Grade 9 or less <input type="checkbox"/> Adult High School Grad <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree		<input type="checkbox"/> Adult College Degree/Training Cert <input type="checkbox"/> Adult College or Advance Training <input type="checkbox"/> Adult General Education <input type="checkbox"/> Adult-Grade 10 <input type="checkbox"/> Adult-Grade 11 <input type="checkbox"/> Adult-Grade 12 <input type="checkbox"/> Adult-Grade 9 or less <input type="checkbox"/> Adult High School Grad <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree	
Relationship to enrolling child:		<input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Biological Grandfather <input type="checkbox"/> Bio-Grandmother <input type="checkbox"/> Stepmother <input type="checkbox"/> Step Father <input type="checkbox"/> Adoptive Mother <input type="checkbox"/> Adoptive Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> No Biological/Legal relationship <input type="checkbox"/> Other relative: _____		<input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Biological Grandfather <input type="checkbox"/> Bio-Grandmother <input type="checkbox"/> Stepmother <input type="checkbox"/> Step Father <input type="checkbox"/> Adoptive Mother <input type="checkbox"/> Adoptive Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> No Biological/Legal relationship <input type="checkbox"/> Other relative: _____	
In job-training or school?		<input type="checkbox"/> Yes, Full-time <input type="checkbox"/> Yes, Part-time <input type="checkbox"/> No Where? What are you studying?		<input type="checkbox"/> Yes, Full-time <input type="checkbox"/> Yes, Part-time <input type="checkbox"/> No Where? What are you studying?	
Please Mark all that Apply:		<input type="checkbox"/> Work Full time <input type="checkbox"/> Work Part time <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Receiving job training <input type="checkbox"/> Seeking employment		<input type="checkbox"/> Work Full time <input type="checkbox"/> Work Part time <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Receiving job training <input type="checkbox"/> Seeking employment	
OTHER MEMBERS IN HOUSEHOLD					
How many people live in your household?		How many are children?		Out of everyone in your household, how many are supported by the listed parent(s) guardian (s) [please include parent(s) in total]	
Name:	Date of Birth:	Gender		How well do they speak English?	Relationship to applying child
1.	/ /	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all	
2.	/ /	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all	
3.	/ /	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all	
4.	/ /	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all	
5.	/ /	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all	
6.	/ /	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all	

FAMILY INFORMATION

(please be as honest as possible, information will remain confidential and will only be used to determine family and child needs/placement priority)

INCOME-BASED RESOURCES**Does Your Family Receive:**TANF ☐ Yes ☐ NoWIC ☐ Yes ☐ NoSNAP ☐ Yes ☐ NoChildcare Assistance ☐ Yes ☐ NoFuel Assistance ☐ Yes ☐ NoHousing Assistance ☐ Yes ☐ No**HOUSING INFORMATION/****Where does your family currently live?**☐ Apartment☐ House☐ Community Shelter☐ Is your family homeless☐ Friends☐ Family☐ Hotel/Motel Room☐ Community Shelter

(Without a home of your own)

TRANSPORTATION INFORMATION☐ Own a Vehicle☐ Family or Friend☐ Public Transportation**CHILD MEDICAL INFORMATION**

For all questions below→

IF YES, PLEASE SPECIFY/EXPLAIN:

1. Has your child been seen or diagnosed by a specialist for health or developmental concerns?

☐ Yes ☐ No

Diagnosis:

2. Does child receive some type of therapy (ex: speech, physical therapy, occupational therapy or psychology)?

☐ Yes ☐ No

Specialist/Agency:

Proof of Documentation Needed

Received: ☐ Yes ☐ No

3. Is your child on an Individual Education Plan (IEP)?

☐ Yes ☐ No

4. Does your child have a medical provider?

☐ Yes ☐ No

Name of Doctor:

5. Does your child have a dental provider?

☐ Yes ☐ No

Name of Dentist:

6. Does your child have health insurance?

☐ Yes ☐ No

Insurance Provider #

7. Does your child have Medical Assistance?

☐ Yes ☐ No

Medical Assistance #

OTHER FAMILY/SOCIAL FACTORS

1. Did any person or agency refer you to this program?

☐ Yes ☐ No

Who or what agency?

2. Has there been documented child abuse or neglect?

☐ Yes ☐ No

3. Has a parent/guardian been remote/TDY in the last year?

☐ Yes ☐ No**CHILD CARE INFORMATION**

1. Has the child applying been in Head Start before?

☐ Yes ☐ No

When /where?

2. Has the child's sibling been in Head Start before?

☐ Yes ☐ No

When /where?

3. Does the child have a sibling currently in Head Start?

☐ Yes ☐ No

When /where?

TUBERCULOSIS HISTORY

1. Has a family member or contact had tuberculosis disease?

☐ Yes ☐ No

2. Has a family member had a positive tuberculin skin test?

☐ Yes ☐ No

3. Was your child born in a high risk country? (countries other than the U.S., Canada, Australia, New Zealand, or Western European countries?)

☐ Yes ☐ No

4. Has your child traveled to a high-risk country for more than one week?

☐ Yes ☐ No**MILITARY FAMILIES**

1. Are you or your spouse currently on active duty?

☐ Yes ☐ No2. Are both you **and** your spouse members of the military?☐ Yes ☐ No

3. Is there a parent of the applying child currently deployed?

☐ Yes ☐ No

3a. Have there been multiple deployments?

☐ Yes ☐ No

4. Is a parent of the applying child currently in an active combat zone?

☐ Yes ☐ No

5. Is your family enrolled in the Exceptional Family Member Program?

☐ Yes ☐ No

6. Do any of your immediate family members receive special care:

☐ Yes ☐ No

6a. For physical conditions requiring one or more visits per year?

☐ Yes ☐ No

6b. For mental health conditions requiring one or more visits per year?

☐ Yes ☐ No

7. Has there been a recent post-deployment (w/in the last 6 months)?

☐ Yes ☐ No

8. Have you been at this base/town less than 12 months?

☐ Yes ☐ No

9. Do you have any family nearby to offer support to your family?

☐ Yes ☐ No

Parent/Guardian #1: How many jobs have you had in the past 12 months? _____
Please fill out for each job

Place of Employment:	Position:	Are you currently employed here?	Work status:	Paid:	Proof of income provided
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self employed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self employed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self employed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly	<input type="checkbox"/> YES <input type="checkbox"/> NO

Parent/Guardian #2: How many jobs have you had in the past 12 months? _____
Please fill out for each job

Place of Employment:	Position:	Are you currently employed here?	Work status:	Paid:	Proof of income provided
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self employed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self employed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self employed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly	<input type="checkbox"/> YES <input type="checkbox"/> NO

Does your family receive:		Proof provided
Child Support/Alimony?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Supplemental Social Security Income (SSI)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Unemployment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
TANF?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Work Study, Fellowship, Scholarship, or Grant?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other source of income not listed above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

I certify that the information in this application is accurate and truthful to the best of my knowledge.

SIGN:



Parent/Legal Guardian

Date

Grand Forks Head Start Consent For Child to Be picked Up

Approved Emergency Contacts:

If **neither father nor mother (or legal guardian) can be contacted in an emergency**, Please list at least 2 **people (other than a parent (s) or legal guardian (s))** who live locally and who will be able to pick-up your child from school; they **MUST** be at least 16 years old, if this information changes, you **MUST** provide us with the updated information. **Your child will not be allowed to return to class until you do so.** Please note, your child will not be released to anyone not on this list. No phone authorization will be approved.

Name: <input type="checkbox"/> Emergency <input type="checkbox"/> Release child to	Relationship to Child:
Home Phone:	Cell Phone:
Place of Employment:	Work Phone:
Additional Phone Numbers:	

Name: <input type="checkbox"/> Emergency <input type="checkbox"/> Release child to	Relationship to Child:
Home Phone:	Cell Phone:
Place of Employment:	Work Phone:
Additional Phone Numbers:	

MY CHILD: _____, MAY ALSO BE PICKED UP FROM SCHOOL BY THE FOLLOWING PERSONS:

Name: <input type="checkbox"/> Emergency <input type="checkbox"/> Release child to	Relationship to Child:
Home Phone:	Cell Phone:
Place of Employment:	Work Phone:
Additional Phone Numbers:	

Name: <input type="checkbox"/> Emergency <input type="checkbox"/> Release child to	Relationship to Child:
Home Phone:	Cell Phone:
Place of Employment:	Work Phone:
Additional Phone Numbers:	

Name: <input type="checkbox"/> Emergency <input type="checkbox"/> Release child to	Relationship to Child:
Home Phone:	Cell Phone:
Place of Employment:	Work Phone:
Additional Phone Numbers:	

Name: <input type="checkbox"/> Emergency <input type="checkbox"/> Release child to	Relationship to Child:
Home Phone:	Cell Phone:
Place of Employment:	Work Phone:
Additional Phone Numbers:	

Name: <input type="checkbox"/> Emergency <input type="checkbox"/> Release child to	Relationship to Child:
Home Phone:	Cell Phone:
Place of Employment:	Work Phone:
Additional Phone Numbers:	